Amendment of Rule Violation

To:			ODOC No.	
(inmate name) The charge of your offense report of			(date) to	_ has been amended from
I have been notified of the amended charge.				
Date T	ime Inmate's Signature and ODOC Number			
I waive an additional 24-hour preparation period.				
Date T	Time	Inmate's Signa	ture and ODOC Number	er
Witnessed by				
Disciplinary Coordinator/Hearing Officer Date				
Distribution for Approved Amendment Original: Commitment Document Folder First Copy: Field File Second Copy: Inmate				

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